



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Architects

Interior Design Examination and Evaluation Committee

124 Halsey Street, 3rd Floor, P.O. Box 45001

Newark, New Jersey 07101

(973) 504-6385

**Application Checklist of Requirements for
Interior Design Certification (N.J.S.A. 45:3-38)**

This application is being sent in response to your request for information concerning interior design certification in New Jersey. The items listed below must be submitted before your application will be considered complete and before it will be reviewed for approval. Please use this checklist to be sure that you have complied with all of the requirements.

- ☐ **Application** – Complete the attached application, have it notarized and attach one passport size photograph and mail the completed application to the address above for consideration by the Committee.
- ☐ **Application Fee** – Enclose a check or money order in the amount of \$125.00 payable to the New Jersey State Board of Architects.
- ☐ **Transcripts** – Transcripts must be mailed directly to the New Jersey State Board of Architects Interior Design Examination and Evaluation Committee at the address above by the college or university at the applicant's request.
- ☐ **Course Description Form** – If your program was not FIDER/CIDA accredited, you must submit the course description form for the Committee's review.
- ☐ **N.C.I.D.Q. Examination Verification** – If applicable, you must have verification of successful completion of the examination provided directly to the Committee from N.C.I.D.Q.
- ☐ **References** – You **MUST** complete Section I on all three reference forms. The Personal Reference forms are to be distributed to two individuals, whom you have known for at least five (5) years, and the Professional Reference form is to be distributed to a design professional such as a state-certified/licensed interior designer, architect or professional engineer, who has firsthand experience of your work. **No reference shall be a relative of yours.** Please provide each reference with an envelope that already has a stamp affixed and the address of the Committee on it so that the form may be mailed directly to the Committee.

Please contact our office should you have any questions.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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Newark, New Jersey 07101

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For office use only

Application number: _____

**Application to Become a
Certified Interior Designer Pursuant to N.J.S.A. 45:3-38**

Date: _____

A nonrefundable application filing fee of \$125.00 in the form of a check or money order made out to the New Jersey State Board of Architects must be submitted with this application. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you de on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA). The informaprovition that you provide is subject to verification by the Committee.

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name ☐ Mr. _____
☐ Mrs. _____ (_____)
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
8. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

9. Do you currently hold, or have you ever held a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
- If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

Last name		First name		Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever been named as a defendant in any litigation related to the practice of interior design or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of interior design or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Examination

1. Have you successfully completed the National Council for Interior Design Qualifications (N.C.I.D.Q.) examination? ☐ Yes ☐ No

If "Yes," please provide the N.C.I.D.Q. certificate number. _____

If you have taken the examination prior to making application, then you must request that N.C.I.D.Q. provide verification of successful completion of the examination.

Education

You must request that an official transcript of your interior design education be mailed by the college or university directly to the New Jersey State Board of Architects at the address on the first page. In addition to the official transcript, if the program is NOT accredited by the Foundation for Interior Design Education and Research (FIDER), the applicant must provide on the enclosed blue form a concise description for each of the interior design courses successfully completed.

1. Did you graduate from an interior design program? ☐ Yes ☐ No
- a. If "Yes," then check the appropriate box: ☐ 5-year program ☐ 4-year program ☐ 2-year program
- b. If you did NOT graduate, then did you successfully complete at least three years in an interior design program which is comprised of at least 90 semester credits (or their equivalent) of which at least 60 semester credits (or their equivalent) are in interior design-related course work? ☐ Yes ☐ No
2. Was the interior design program accredited by FIDER at the time of graduation? ☐ Yes ☐ No

List the names and addresses of the colleges or universities you have attended as well as the degree(s) obtained:

A.	_____ Name of college / university			
	_____ Street address	_____ City	_____ State	_____ ZIP code
	_____ Inclusive Years Attended	_____ Degree or Certificate	_____ Major	_____ Date Granted
B.	_____ Name of college / university			
	_____ Street address	_____ City	_____ State	_____ ZIP code
	_____ Inclusive Years Attended	_____ Degree or Certificate	_____ Major	_____ Date Granted
C.	_____ Name of college / university			
	_____ Street address	_____ City	_____ State	_____ ZIP code
	_____ Inclusive Years Attended	_____ Degree or Certificate	_____ Major	_____ Date Granted

DOCUMENTATION OF DIVERSIFIED INTERIOR DESIGN SERVICES EXPERIENCE

Education and experience requirements:

- If you are a graduate from a five-year interior design program, then you must demonstrate at least one year of diversified interior design services experience;
- If you are a graduate from a four-year interior design program, then you must demonstrate at least two years of diversified interior design services experience;
- If you are a graduate from a two-year interior design program, then you must demonstrate at least four years of diversified interior design services experience;
- If you have successfully completed at least three years of an interior design curriculum (comprised of at least 90 semester credits (or their equivalent) of which at least 60 semester credits (or their equivalent) are in interior design-related course work), then you must demonstrate at least three years of diversified interior design services experience.
- The Committee shall only consider a candidate's experience after the successful completion of 40 semester credits (or their equivalent) in interior design-related course work.

Begin with your current or most recent employment and then provide the relevant information as you work back in time, chronologically.

A. Employer/Company: _____
Immediate supervisor's name and title: _____
If self-employed, provide the name of the firm or business: _____
Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Title of your position: _____ Hours per week: _____ Total hours: _____
Your major responsibilities: _____

From _____ to _____

Month/Year

Month/Year

B. Employer/Company: _____
Immediate supervisor's name and title: _____
If self-employed, provide the name of the firm or business: _____
Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Title of your position: _____ Hours per week: _____ Total hours: _____
Your major responsibilities: _____

From _____ to _____

Month/Year

Month/Year

Please list interior design projects which demonstrate your diversified interior design services experience. Please have available documentation (*such as drawings, schedules and specifications*) of the projects for review if required by the Committee. **Do not send documentation of the projects with your application.** You may be requested to appear before the Committee for an interview to review your application and projects.

Project 1

A. Client's name: _____ Telephone number: _____

(include area code)

Client's address: _____

Street address

City

State

ZIP code

B. Type of project: _____ Year completed: _____
Location of project: _____
Scope of work and services provided: _____

Your responsibilities on the project: _____

Project 2

A. Client's name: _____ Telephone number: _____
(include area code)

Client's address: _____
Street address City State ZIP code

B. Type of project: _____ Year completed: _____

Location of project: _____

Scope of work and services provided: _____

Your responsibilities on the project: _____

Project 3

A. Client's name: _____ Telephone number: _____
(include area code)

Client's address: _____
Street address City State ZIP code

B. Type of project: _____ Year completed: _____

Location of project: _____

Scope of work and services provided: _____

Your responsibilities on the project: _____

Use additional sheets of paper to list additional projects.

CHECKLIST

Indicate your level of responsibility for projects 1, 2 and 3 above in each of the following categories: O = No Experience, L = Limited Experience, M = Major Experience, NA = Not Applicable

	Projects		
	1	2	3
Preparation of drawings	_____	_____	_____
Administration of drawings	_____	_____	_____
Preparation of schedules	_____	_____	_____
Administration of schedules	_____	_____	_____
Preparation of specifications	_____	_____	_____
Administration of specifications	_____	_____	_____
Non-load bearing partitions	_____	_____	_____
Switch location and type.....	_____	_____	_____
Outlet location and type.....	_____	_____	_____
Interior construction not materially related to or materially affecting the building systems	_____	_____	_____
Furnishings	_____	_____	_____
Layouts	_____	_____	_____
Cabinetry.....	_____	_____	_____
Fixtures	_____	_____	_____
Finishes	_____	_____	_____
Lighting location and type	_____	_____	_____
Materials	_____	_____	_____

REFERENCES

Please provide references from three people (do not use relatives), two of whom have known you for at least five years. One must be a State-certified or licensed design professional such as an Interior Designer, Architect or Professional Engineer who has first-hand experience with your work. The enclosed yellow forms are to be distributed to two personal references and the green form is to be distributed to the professional reference, who should then mail the form directly to the Committee in an envelope which has been properly addressed to the Committee and provided with a first-class stamp by you.

PERSONAL REFERENCES

1. Name: _____
Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Occupation: _____ Number of years you have known this person: _____
2. Name: _____
Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Occupation: _____ Number of years you have known this person: _____

PROFESSIONAL REFERENCE

1. Name: _____
Address: _____

Street address

City

State

ZIP code

Telephone number: _____

(include area code)

Occupation: _____ Number of years you have known this person: _____

ADDITIONAL RELEVANT INFORMATION

1. Are you a member of any professional organizations? ☐ Yes ☐ No
If "Yes," please list the information requested below.

Name of organization	Membership dates	Office held/duties
a . _____	_____	_____
b . _____	_____	_____
c . _____	_____	_____
2. Are you involved in any community activities related to your interior design work? ☐ Yes ☐ No

Name of activity, board or commission	Office held	Duties
a . _____	_____	_____
b . _____	_____	_____
c . _____	_____	_____
3. Please provide any additional information which you would like the Committee to consider in connection with this application.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } ss.

I, _____, in making this application to the Interior Design Examination and Evaluation Committee of the New Jersey State Board of Architects for certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Interior Design Examination and Evaluation Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or to withhold renewal of or suspend or revoke a certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3-31 et seq., together with the Rules and Regulations of the Interior Design Examination and Evaluation Committee, N.J.A.C. 13:27-9.1 et seq., and fully understand that in receiving certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



For office use only:

Qualifications:

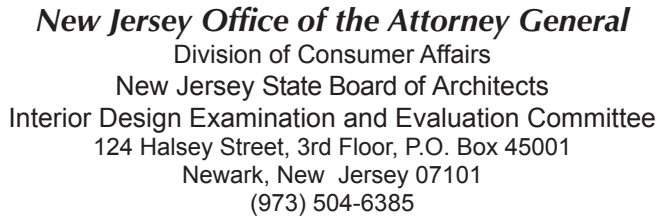
Education _____
Experience _____
Examination _____

Recommendations:

Interview _____
Certify _____
Additional _____
Information _____

Board Action:

Interview _____ Date _____
Withhold _____ Date _____
Certify _____ Date _____



Name _____

College or University _____

Degree _____

[illegible]

[illegible]



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**Professional Reference Form
for Certification as an Interior Designer**

I. Section to be completed by Applicant:

Date: _____

The New Jersey State Board of Architects' Interior Design Examination and Evaluation Committee has received an application for certification in Interior Design from _____ of
Applicant's name

Applicant's address

City

State

ZIP Code

II. Section to be completed by Reference:

The above-named applicant has applied for certification under the Interior Design Certification Act and has identified you as a potential reference. Issuing certification to qualified interior designers safeguards the public's health, safety and welfare, maintains a high professional standard, and permits the applicant to utilize the title "Certified Interior Designer." Please give complete, accurate answers to the following questions. Please indicate "NA" in response to any question which you do not feel qualified to answer.

Reference's name: _____ Telephone number: _____
(include area code)

Reference's address: _____
Street address

City

State

ZIP Code

Reference's title and occupation: _____ License/Certificate number: _____

1. List any additional professional licenses/certifications which you hold (if applicable):

Type (profession)

State

License/Certificate number

Type (profession)

State

License/Certificate number

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

4. Do you have any reason to doubt the moral character of the applicant? ☐ Yes ☐ No

If "Yes," please explain. _____

5. Please provide any additional information which you would like the Committee to consider in connection with the applicant.

Please put a check on the performance level the applicant has exhibited in interior design services in each of the following areas of interior design.

Preparation of drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Administration of drawings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Preparation of schedules	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Administration of schedules	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Preparation of specifications	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Administration of specifications	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Furnishings	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Layouts	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Non-load bearing partitions	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Fixtures	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Cabinetry	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Lighting location and type	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Outlet location and type	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Switch location and type	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Finishes	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Materials	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable
Interior construction not materially related to or materially affecting the building systems	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unknown/Not Applicable

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Date

Return form promptly to: New Jersey State Board of Architects
Interior Design Examination and Evaluation Committee
124 Halsey Street
P.O. Box 45001
Newark, NJ 07101



New Jersey Office of the Attorney General
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Personal Reference Form for Certification as an Interior Designer

I. Section to be completed by Applicant:

Date: _____

The New Jersey State Board of Architects' Interior Design Examination and Evaluation Committee has received an application for certification in Interior Design from _____ of
Applicant's name

Applicant's address

City

State

ZIP Code

II. Section to be completed by Reference:

The above-named applicant has applied for certification under the Interior Design Certification Act and has identified you as a potential reference. Issuing certification to qualified interior designers safeguards the public's health, safety and welfare, maintains a high professional standard, and permits the applicant to utilize the title "Certified Interior Designer." Please give complete, accurate answers to the following questions. Please indicate "NA" in response to any question which you do not feel qualified to answer.

Reference's name: _____ Telephone number: _____
(include area code)

Reference's address: _____
Street address

City

State

ZIP Code

1. List any professional licenses/certifications which you hold (if applicable):

Type (profession)

State

License/Certificate number

Type (profession)

State

License/Certificate number

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

4. Do you have any reason to doubt the moral character of the applicant? ☐ Yes ☐ No
If "Yes," please explain. _____

5. What is the applicant's standing in the community? _____
6. Please provide any additional information which you would like the Committee to consider in connection with the applicant.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Date

Return form promptly to: New Jersey State Board of Architects
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